AMENDMENT TRANSMITTAL LETTER						Docket No. FLH-11002/29	
Application No. 10/805,856		Filing		Examiner L. Bachman		Art Unit 3734	
		March 2	2, 2004				
olicant(s): Mar	k Falahee						
ention: WOUN	ID AND SKIN	CLOSURE INS	STRUMENT	AND M	ETHOD OF U	SE	
***************************************	тс	THE COMM	ISSIONER F	OR PA	TENTS		
ansmitted here	with is an ame	ndment in the	above-identi	fied ap	plication.		
ne fee has beer	n calculated an	d is transmitte	d as shown t	elow.			
			S AS AMEN	DED			
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present		Rate		
Total Claims	3	- 20 =	0	х	50,00	0.00	
ndependent Claims	1	- 3 =	0	×	200.00	0.00	
Aultiple Depend	dent Claims (ch	eck if applicat	ole)				
	(0.0		,				
Other fee (pleas	e specify):						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:						0.00	
Large Entity				x	Small Entity		
No additiona	ıl fee is require	d for this ame	ndment.	_	-		
╡	ge Deposit Acc			n the ar	mount of \$		
	copy of this she			i lile ai			
A check in th	ne amount of \$		to cover	the filir	ng fee is enclo	osed.	
=	credit card, Fe						
= '	is hereby auth				it Account No	07-1180	
	below. A dup					,	
x Credit ar	ny overpaymen	t.					
x Chame a	ny additional fil	ing or application	on processing	fees re	auired under 3	37 CFR 1.16 and 1.17	
		, , , ,					
	//				Dated: No	vember 14, 2006	
ohn G. Posa ttorney/Agent i	Reg. No.: 37,4	24					
IFFORD, KRA 701 Troy Cent ost Office Box	SS, GROH. S er Drive, Suite	PRINKLE, AN 330	DERSON & (CITKO	NSKI, P.C.		
roy, Michigan 734) 913-9300							